PTO/SB/0(12-04)

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a year OMB controllumber. Approved for use through 7/31/2008, OMB 061-0031 U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE Application or Docket Number Subatture for Form PTO-875 Effective December 8, 2004 7849 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED NUMBER EXTRA BASIC FEE PLATE (T) (37 CFR 1.16(a), (b), or (c)) FEE (I) NA . NA FEE (\$1 NA SEARCH FEE 150.00 NA 300.00 (37 CFR 1 16(14), (1), or (m)) · N/A NIA NA **EXAMINATION FEE** \$250 NIA \$500 (31 CFR 1.16(0), (p), or (q)) NA 1 NA NVA TOTAL CLAME \$100 NIA \$200 (37 OFR 1.16(H) MINUS 20 a X\$ 25 .. INDEPENDENT CLAIMS X\$50 OR (37 CFR 1.16(N) minus 3 e X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CPR 1.16(6)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= +360= ". If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT AFTER RATE (1) ENDMENT PREVIOUSLY ADDI-**EXTRA** RATE (\$) AMENDMENT THOMAL Ann PAID FOR Total TIONAL FEE (1) FEE (\$) DI CER LACIU Minus XO X\$ 25 Independent D7 CFR 1.166H X\$50 Minus. OR 3 X100 Application Size Fee (37 CFR 1.16(s)) X200 OB FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT ENDMENT AFTER RATE (1) PREVIOUSLY ADDI-EXTRA RATE (\$) AMENOMENT ADDI-TIONAL PAID FOR Total profesion FEE (1) TIONAL Minus FEE (1) X\$ 25 Independent DI CFR LIGHT X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.140) +180= +360= OR TOTAL If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the including pathestria, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any companies TOTAL

including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the smound of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, U.S. Department of Continence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.